

Case Number:	CM14-0020783		
Date Assigned:	04/30/2014	Date of Injury:	09/19/2012
Decision Date:	03/20/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female with an industrial injury dated September 19, 2012. The injured worker's diagnoses include strain of the left wrist and lateral epicondylitis. She has been treated with diagnostic studies, prescribed medications, occupational therapy, consultation, and periodic follow up visits. According to the progress note dated 11/7/2012, the injured worker reported intermittent pain in the left elbow and wrist. Physical exam revealed lateral epicondyle tenderness and left wrist tenderness with normal range of motion. The treating physician prescribed services for left shoulder and elbow diagnostic ultrasound. Utilization Review (UR) determination on January 22, 2014 denied the request for left shoulder and elbow diagnostic ultrasound, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder and elbow Diagnostic ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Diagnostic ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Chapter, under Ultrasound, diagnostic , Elbow (Acute & Chronic) Chapter, under Ultrasound, diagnostic

Decision rationale: Based on the 03/28/14 progress report provided by treating physician, the patient presents with left elbow pain that radiates to the wrist and fingers. The request is for LEFT SHOULDER AND ELBOW DIAGNOSTIC ULTRASOUND. Patient's diagnosis on 03/28/14 included elbow lateral epicondylitis, shoulder sprain/strain, and cervical spine sprain/strain. Patient's medications include Voltaren, Fexmid, Cyclobenzaprine and Flector patch. The patient is working with restrictions. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Ultrasound, diagnostic states: "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. (Dinnes, 2003) Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. (Prickett, 2003)." ODG-TWC, Elbow (Acute & Chronic) Chapter, under Ultrasound, diagnostic states: " Recommended as indicated below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) Indications for imaging -- Ultrasound:- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available).- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available)." Per progress report dated 03/28/14, treater states "patient's elbow pain was greatly reduced due to injury but now the pain is slowly coming back. Cervical spine tension mostly felt on the left side. The muscles ache and movement of neck is difficult. 2-3/10 achy pain." Treater has not discussed reason for requesting diagnostic ultrasound of the left shoulder and elbow. The patient has a diagnosis of shoulder sprain/strain, however no physical examination findings were documented. There are no discussions pertaining to possible rotator cuff tear or suspicion thereof, for which the request would be indicated. With regards to the left elbow, treater has not discussed suspicion of nerve entrapment or biceps tendon tear or bursitis, for which ultrasound of the elbow would be indicated as an alternative to MRI. MRI study on 03/17/14 revealed "moderate joint effusion and subcutaneous soft tissue edema noted," per treater report. The request is unclear and not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.